

## State of California - Department of Social Services

**DUTY STATEMENT**

EMPLOYEE NAME:

CLASSIFICATION:

POSITION NUMBER:

DIVISION/BRANCH/REGION: (*UNDERLINE ALL THAT APPLY*)BUREAU/SECTION/UNIT: (*UNDERLINE ALL THAT APPLY*)

SUPERVISOR'S NAME:

SUPERVISOR'S CLASS:

**SPECIAL REQUIREMENTS OF POSITION** (*CHECK ALL THAT APPLY*):

- ☐ Designated under Conflict of Interest Code.
- ☐ Duties require participation in the DMV Pull Notice Program.
- ☐ Requires repetitive movement of heavy objects.
- ☐ Performs other duties requiring high physical demand. (*Explain below*)
- ☐ None
- ☐ Other (*Explain below*)

I certify that this duty statement represents an accurate description of the essential functions of this position.

I have read this duty statement and agree that it represents the duties I am assigned.

SUPERVISOR'S SIGNATURE

DATE

EMPLOYEE'S SIGNATURE

DATE

**SUPERVISION EXERCISED** (*Check one*):

- ☐ None ☐ Supervisor ☐ Lead Person ☐ Team Leader

**FOR SUPERVISORY POSITIONS ONLY:** Indicate the number of positions by classification that this position DIRECTLY supervises.

Total number of positions for which this position is responsible:

**FOR LEADPERSONS OR TEAM LEADERS ONLY:** Indicate the number of positions by classification that this position LEADS.

MISSION OF ORGANIZATIONAL UNIT:

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**CONCEPT OF POSITION:**

A. RESPONSIBILITIES OF POSITION:

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B. SUPERVISION RECEIVED:

C. ADMINISTRATIVE RESPONSIBILITY:

D. PERSONAL CONTACTS:

E. ACTIONS AND CONSEQUENCES:

F. OTHER INFORMATION:

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